FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

Washington, DG UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO OMB Number: Expires: Estimated average burden hours per response.....16.00

SEC U	SE ONLY
Prefix	Serial
DATE	RECEIVED
	1

- U@J	
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Boulevard Capital Partners L.P.: Offering of Limited Partnership Interests	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A, BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	08056511
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Boulevard Capital Partners L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
823 Yale Street, Santa Monica, CA 90403	(917) 836-7696
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
same as executive offices Brief Description of Business	
Securities Investment	PROCESSED
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed	please specify): JUL 2 5 2008
Actual or Estimated Date of Incorporation or Organization: Month Year	THOMSON REUTERS
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information req	uested for the fol	lowing:		•	
 Each promoter of the 	e issuer, if the iss	uer has been organized w	ithin the past five years;		
 Each beneficial owner 	er having the pow	er to vote or dispose, or dis	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
 Each executive office 	er and director of	corporate issuers and of	corporate general and man	aging partners of p	partnership issuers; and
 Each general and ma 	anaging partner of	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		·		
Boulevard Capital Manage					
Business or Residence Address 823 Yale Street, Santa Mo			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Tranen, Alicia (LLC Manag	ger)				
Business or Residence Address 323 Yale Street, Santa Moi	•	•	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Leyrer, David T. (LLC Mar					
Business or Residence Address	s (Number and	Street, City, State, Zip Co	ode)		
823 Yale Street, Santa Mo	nica, CA 90403	3			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and	Street, City, State, Zip C	ode)		· · · · · · · · · · · · · · · · · · ·
	(Use bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary)

					B. 13	NFORMAT.	ION ABOU	T OFFERI	NG				
									.1			Yes	No
I.	Has the	issuer soic	l, or does th								***************************************		
1	What is	tha minim	um invasta			Appendix						¢1,00	*00.000,0
2.	2. What is the minimum investment that will be accepted from any individual? *The General Partner may, in its discretion, accept less than the minimum investment.									Yes	No No		
3.									Z				
4.												_	
	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state												
	or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
FI					e informati	on for that	broker or	dealer only	<u>. </u>				
rui	ii Name (Last name	first, if indi	(Vidual)									
Bus	siness or	Residence	Address (N	lumber and	d Street, C	ity, State, Z	(ip Code						
Nar	me of As:	sociated Br	oker or De	aler			·				······································		
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					☐ AI	l States
	AL	[AK]	AZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	ID
		[N]	[A]	[KS]	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	[TN]	TX	UT	VT	VA)	WA]	WV	WI	<u>WY</u>	PR
Ful	ll Name (Last name	first, if indi	ividual)		· · · · · · · · · · · · · · · · · · ·							
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Nar	me of Ass	sociated Br	oker or De	aler			<u>.</u>		-				
					or Intends	to Collect	Purchasers						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
Sta								*************	*****	**********	*******	□ A!	l States
Sta	(Check	"All States	or check	individual	States)		***************************************	_					
Sta	(Check	"All States	or check	individual	States)	<u>co</u>	CT	DE	DC	FL	GA	HI	ĪD
Sta	(Check	"All States	or check	individual AR KS	States) CA KY		CT ME	DE MD			GA MN		ID MO
Sta	(Check	"All States AK IN	or check AZ IA	individual	States)	CO LA	CT	DE	DC MA	FL MI	GA	HI MS	ĪD
	(Check AL IL MT RI	"All States AK IN NE SC	AZ IA NV	AR (KS) (NH) (TN)	States) CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Ful	(Check AL IL MT RI Name (I	"All States AK IN NE SC Last name	" or check AZ IA NV SD	AR KS NH TN ividual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Ful	(Check AL IL MT RI Name (I	"All States AK IN NE SC Last name	AZ IA NV SD first, if indi	AR KS NH TN ividual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Ful Bus Nar	(Check AL IL MT RI II Name (I	"All States AK IN NE SC Last name Residence	AZ IA NV SD first, if indi Address (N	AR KS NH TN ividual) Number an	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Ful Bus Nar	(Check AL IL MT R1 I Name (I	AK IN NE SC Last name Residence	AZ IA NV SD first, if indi Address (Notes or Decorption of	AR KS NH TN ividual) Number an	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful Bus Nar	(Check AL IL MT R1 I Name (I	AK IN NE SC Last name Residence	AZ IA NV SD first, if indi Address (N	AR KS NH TN ividual) Number an	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA
Ful Bus Nar	(Check AL IL MT RI II Name (I siness or me of Ass tes in Wh (Check	"All States AK IN NE SC Last name Residence sociated Br ich Person "All States AK	AZ IA NV SD first, if indi Address (N roker or Dec	AR KS NH TN ividual) Number an aler Solicited individual	CA KY NJ TX d Street, C or Intends States)	CO LA NM UT ity, State, 2	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GÁ MÑ OK WI	HI MS OR WY	ID MO PA PR
Ful Bus Nar	(Check AL IL MT RI Name (I siness or me of Ass tes in Wh (Check	"All States AK IN NE SC Last name Residence sociated Br ich Person "All States	AZ IA NV SD first, if indi Address (N oker or Des	AR KS NH TN ividual) Number an aler Solicited individual	CA KY NJ TX d Street, C or Intends States)	CO LA NM UT ity, State, 2	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. Offering price, number of investors, expenses and use of proceeds

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	0.00	\$ ^{0.00}
	Equity	0.00	\$ 0.00
	Common Preferred	*	*
	Convertible Securities (including warrants)	s 0.00	§ 0.00
	Partnership Interests		\$ 0.00
	Other (Specify)		s N/A
	Total		\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	5
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	1	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	0	\$ <u>0.00</u>
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)	N/A	\$ <u>N/A</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$_N/A
	Regulation A	N/A	\$_N/A
	Rule 504	N/A	\$_N/A
	Total	N/A	\$_N/A
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs	Z	s 0.00
	Legal Fees	Z	\$ 30,000.00
	Accounting Fees		\$_0.00
	Engineering Fees		\$_0.00
	Sales Commissions (specify finders' fees separately)		\$_0.00
	Other Expenses (identify) Misc. Operating Expenses		\$_5,000.00
	Total		\$ 35,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF I	ROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ 499,965,000.00
Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	√ \$ 0.00	 ∑ \$ 0.00
Purchase of real estate	₹ \$ 0.00	∑ \$ 0.00
Purchase rental or leasing and installation of machinery	♂ \$ <u>0.00</u>	⊘ \$ 0.00
	✓ \$ 0.00	√ \$ 0.00
Acquisition of other businesses (including the value of securities involved in this	∑ \$ <u>0.00</u>	 S 0.00
Repayment of indebtedness		Ø \$ 0.00
Working capital	∑ \$ 0.00	S 499,965,000.0
Other (specify):	√ \$ 0.00	7 ↑\$ 0.00

5.

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Total Payments Listed (column totals added)

Issuer (Print or Type)	Signature	Date / / / G
Boulevard Capital Partners L.P.	alica Traver	Date 7/15/08
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Alicia Tranen	Manager of Boulevard Capital Management	LLC, the General Partner of Issuer

- ATTENTION -

		e. state signature	
1.		30.262 presently subject to any of the disqualification	
		See Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby under D (17 CFR 239.500) at such times a	takes to furnish to any state administrator of any state as required by state law.	in which this notice is filed a notice on Form
3.	The undersigned issuer hereby unde issuer to offerees.	rtakes to furnish to the state administrators, upon w	ritten request, information furnished by the
4.	limited Offering Exemption (ULOE)	hat the issuer is familiar with the conditions that mu) of the state in which this notice is filed and understa establishing that these conditions have been satisfie	ands that the issuer claiming the availability
	uer has read this notification and knows thorized person.	the contents to be true and has duly caused this notice	to be signed on its behalf by the undersigned
Issuer (Print or Type)	Signature	Date
Boulev	rard Capital Partners L.P.	alicia Thanen	7/15/08
Name (Print or Type)	Title (Print or Type)	· · · · · · · · · · · · · · · · · · ·

Manager of Boulevard Capital Management LLC, the General Partner of Issuer

Instruction:

Alicia Tranen

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 4 5 1 3 Disqualification under State ULOE Type of security (if yes, attach intend to sell and aggregate explanation of to non-accredited offering price Type of investor and investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Limited Number of Number of Partnership Non-Accredited Accredited Interests Investors Amount **Investors** Yes No State Yes No Amount ΑL ΑK ΑZ AR CA \$500,000,000.00 0 ✓ \$0.00 CO CT DE DC FLGA НІ ID IL IN ΙA KS KY LA ME MD MA ΜI MN MS

APPENDIX 5 ı 2 3 4 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited waiver granted) investors in State offered in state amount purchased in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Limited Number of Non-Accredited Partnership Accredited State Yes No Interests Investors Amount Investors Amount Yes No MO MT NE NV NH NJ NM \$500,000,000.00 0 NY \$0.00 NC ND OH OK OR \$500,000,000.00 PA \$0.00 RI SC ŞD TN TXUT VT ٧A WA wv WI

				APP	ENDIX					
1		2	3 Type of security		4					
	to non-a	d to sell accredited is in State s-Item 1)	and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR	_									

